

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In Re: Guy Callahan, D.P.M.
License No.: 000236
P.O. Box 526
Avon, CT 06001-0526

Petition No.: 930817-19-006

RECEIVED
DIVISION OF MEDICAL QUALITY ASSURANCE

APR 29 2006


HEALTH SYSTEMS OFFICE
DIVISION OF MEDICAL
QUALITY ASSURANCE

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Guy Callahan, D.P.M., being duly sworn, deposes and says:

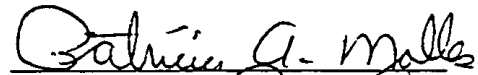
1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice podiatry. I presently hold license number 00236.
4. I hereby voluntarily surrender my license to practice as a podiatrist to the Department, *since I've changed careers and moved to another state.*
5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 930817-19-006 shall be deemed true. I further understand that any such application must be made to the Department which shall have absolute discretion, as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request by the Department.
7. I understand and agree that this affidavit and the case file in Petition Number 930817-19-006 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.

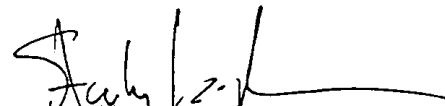
10. I understand that this affidavit has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 930817-19-006.
11. I understand that I have the right to consult with an attorney prior to signing this affidavit.


Guy Caffahan, D.P.M. FL. Drivers License
(2002)

Subscribed and sworn to before me this 23RD day of APRIL 1996.




Notary Public/ Patricia A. Molles
Commissioner of Superior Court

Accepted: 
Stanley K. Peck, Director
Division of Medical Quality Assurance

5/1/96
Date